

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>EM</i>		
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/12</i>
FORMALITY REVIEW	<i>MM</i>	<i>572</i>	<i>10-17-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	8/15/03
2	9/15/03
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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